Human Capital

Good macro-economic performance needs to filter down to favorably affect social conditions. To improve the likelihood that reforms and economic performance are sustained, economic growth needs to be broad-based and, more broadly, the gains at the macro level shared widely at the micro level. At the very least, from an economic standpoint, the deterioration of human capital (of health and education conditions) needs to stop if the gains in other transition spheres are to continue.

Six primary indicators are used to track human capital (*Tables 8* and *9*): per capita income; secondary school enrollment; under five mortality rates; life expectancy; public expenditure in health; and public expenditure in education. These six indicators are used to create an overall human capital index (analyzed in the next section below). Additional social indicators are also analyzed and are included in some of the *Figures 29-38*. These figures are sorted roughly into two groups: those that show evidence that social conditions are improving broadly across most of the transition countries (*Figures 29-32*); and those that suggest cross-country human capital disparities may still be growing (*Figures 33-38*).

Table 8. Indicators of Sustainability: Human Capital

	Secondary School Enrollment 2002		Secondary School Enrollment 1989	Under 5 mortality 2002		Under 5 Mortality 1990	PPP Per Capita Income 2003	
Slovenia	100.5	5.0	---	5	5.0	9	18,905	5.0
Czech Republic	90.6	4.5	79.2	5	5.0	11	15,353	4.5
Hungary	107.6	5.0	72.6	9	4.5	16	14,194	4.0
Slovakia	83.8	4.0	79.0	9	4.5	15	13,119	4.0
Estonia	79.7	4.0	58.4	12	4.5	17	12,180	3.5
Lithuania	66.7	3.0	73.7	9	4.5	13	10,954	3.0
Poland	111.8	5.0	90.1	9	4.5	19	10,847	3.0
Croatia	83.1	4.0	66.7	8	4.5	13	10,420	3.0
Latvia	71.8	3.5	70.2	21	4.0	20	9,806	3.0
Russia	71.5	3.5	77.8	21	4.0	21	8,670	2.5
Bulgaria	85.5	4.0	78.2	16	4.0	16	7,332	2.5
FYR Macedonia	62.8	2.5	---	26	4.0	41	6,995	2.0
Romania	73.6	3.5	89.9	21	4.0	32	6,808	2.0
Belarus	71.6	3.5	77.3	20	4.0	21	5,874	2.0
Kazakhstan	62.0	2.5	76.1	99	0.5	52	5,793	2.0
Albania	---		79.2	24	4.0	42	5,258	2.0
Ukraine	60.8	2.5	65.6	20	4.0	22	5,251	2.0
Turkmenistan	27.4	0.5	66.8	86	1.0	98	5,148	2.0
Serbia & Montenegro	76.0	3.5	---	19	4.0	30	4,876	1.5
Armenia	49.1	2.0	67.5	35	3.5	60	3,679	1.5
Azerbaijan	42.5	1.5	62.8	96	0.5	106	3,347	1.5
Bosnia & Herzegovina	73.0	3.5	---	18	4.0	22	3,064	1.5
Georgia	45.2	1.5	58.7	29	3.5	29	2,334	1.0
Kyrgyzstan	47.5	2.0	65.0	61	2.0	83	1,704	1.0
Moldova	40.1	1.5	67.1	32	3.5	37	1,701	1.0
Uzbekistan	68.4	3.0	67.6	65	2.0	65	1,656	1.0
Tajikistan	26.9	0.5	60.1	116	0.5	127	1,025	1.0
CEE & Eurasia	68.4	3.1	71.7	33	3.5	38	7,270	2.3
Northern Tier CEE	89	4.3	63.6	10	4.6	67	13,170	3.8
Southern Tier CEE	76	3.5	65.0	19	4.1	63	6,393	2.1
Eurasia	51	2.0	64.9	57	2.4	63	3,848	1.5
Northern Tier CEE at Graduation	81.4	3.9		10	4.5		8,949	2.8
Romania & Bulgaria 2002	80.0	3.8		18	4.3		6,760	2.3

Shaded columns represent ratings based on a 1 to 5 scale, with 5 representing most advanced.
UNICEF, *Social Monitor 2004* (2004), World Bank, *World Development Indicators 2004* (2004) and *EBRD Transition Report 2004* (November 2004).

Table 9. Indicators of Sustainability: Human Capital

	Public Expenditure on Health 2002		Public Expenditure on Health 1989	Public Expenditure on Education 2002		Public Expenditure on Education 1989	Life Expectancy 1989	Life Expectancy 2002	
Slovenia	5.8	4.5	5.6	5.7	4.5	---	73	76	5.0
Czech Republic	6.4	5.0	4.2	6.3	5.0	4.0	72	75	4.5
Armenia	1.1	0.5	2.4	5.1	4.0	7.5	72	75	4.5
Poland	4.6	3.5	4.9	5.4	4.0	4.8	71	74	4.0
Croatia	7.3	5.0	---	7.1	5.0	---	72	74	4.0
Albania	---		2.9	2.6	1.5	4.0	72	74	4.0
Bosnia & Herzegovina	7.9	5.0	3.2	5.2	4.0	---	---	74	4.0
Slovakia	5.1	4.0	5.0	2.2	1.0	5.1	71	73	4.0
Lithuania	3.6	2.5	2.8	6.1	5.0	4.5	71	73	4.0
FYR Macedonia	5.1	4.0	---	3.7	2.5	---	---	73	4.0
Serbia & Montenegro	6.5	5.0	3.6	3.6	2.3	---	71	73	4.0
Georgia	5.1	4.0	4.1	2.5	1.5	6.4	72	73	4.0
Hungary	0.8	0.5	5.2	2.6	1.5	5.7	69	72	3.5
Bulgaria	3.1	2.0	6.4	6.8	5.0	5.0	72	72	3.5
Estonia	4.2	3.0	---	4.2	3.0	---	70	71	3.0
Latvia	3.2	2.0	2.5	3.7	2.0	4.5	70	70	3.0
Romania	5.2	4.0	2.5	5.6	4.5	2.2	70	70	3.0
Ukraine	3.4	2.0	3.3	5.8	4.5	5.3	71	68	2.0
Belarus	6.2	5.0	2.7	3.8	2.5	4.6	72	68	2.0
Moldova	3.2	2.0	4.0	5.8	4.5	7.8	69	67	2.0
Tajikistan	0.8	0.5	4.5	4.5	3.5	2.4	68	67	2.0
Uzbekistan	2.4	1.0	4.6	---	---	---	69	67	2.0
Russia	4.1	1.5	2.4	1.9	1.0	3.6	69	66	1.5
Azerbaijan	2.4	1.0	3.1	5.3	4.0	6.9	70	65	1.0
Kyrgyzstan	1.8	0.5	3.2	3.1	2.0	6.0	68	65	1.0
Turkmenistan	3.0	2.0	3.8	2.6	1.5	3.6	65	65	1.0
Kazakhstan	1.9	0.5	4.3	4.4	3.0	2.1	68	62	0.5
CEE & Eurasia	4.0	2.7	3.8	4.4	3.2	4.8	70	70	3.0
Northern Tier CEE	4.2	3.1	4.3	4.5	3.3	4.8	71	73	3.9
Southern Tier CEE	5.9	4.2	3.7	4.9	3.5	3.7	71	73	3.8
Eurasia	3.0	1.7	3.5	4.1	2.9	5.1	69	67	2.0
Northern Tier CEE at Graduation	5.4	3.9		5.6	4.2			73	3.8
Romania & Bulgaria 2002	3.7	2.5		3.8	2.5			71	3.3

Shaded columns represent ratings based on a 1 to 5 scale, with 5 representing most advanced. Data for Public Expenditure on Education and Health in 1989 in Eurasia are from 1991.

UNICEF, *Social Monitor 2004* (2004), and World Bank, *World Development Indicators 2004* (2004).

Human capital and economic performance in the aggregate

For an overall aggregate picture of human capital, the raw data of the six primary indicators (in *Tables 8* and *9*) were converted to a 1-5 scale and averaged. The scores of the human capital index are shown in *Table 10*. A similar exercise was done for the seven primary economic performance indicators, and the scores of the economic performance index are also shown in *Table 10*.[14] *Figure 20* plots the two indices. Overall, it shows a picture that is quite similar to that of *Figure 6* of economic and democratic reforms. More specifically, the Northern Tier CEE countries are out front on both dimensions (and relatively more clustered or homogenous as a sub-region than the other two); the Eurasian countries generally lag the most on both dimensions of the three sub-regions. In contrast to the reform picture, however, there is much more overlap in performance between the three sub-regions in terms of economic performance and human capital. Croatia, for example, has a human capital profile comparable to the Northern Tier CEE, and Albania's is closer to Eurasian human capital standards. Belarus' human capital profile more closely resembles CEE norms. Bosnia-Herzegovina's economic performance ranks among the poorest Eurasian performers; Azerbaijan's is comparable to the Southern Tier CEE norms.

In general, this overlapping picture more closely resembles the economic and democratic reform chart of the late 1990s. One might expect that indicators of macro-economic performance and human capital would change with a lag as a result of changes in economic and democratic reforms. Hence, "today's" reform picture may more closely resemble "tomorrow's" economic performance and human capital picture.

Figures 21-28 attempt to illustrate, as a first approximation, some of the dynamics of human capital and economic performance in the region. The UNDP's human development index (HDI) is substituted for the human capital index for all but Bosnia-Herzegovina in these charts.[15] As a rough proxy for the seven indicator economic performance index, one of the component indicators of that index (private sector share of GDP) is used.[16]

Figures 21-24 show patterns typical of CEE countries. As shown in the case of the Czech Republic, Lithuania, and to a lesser extent Bulgaria, there was relatively good progress early on in the transition in economic performance in much of CEE, particularly in the Northern Tier CEE. There was also some backsliding early on in the CEE countries in social conditions (in the Baltics, e.g. as shown here in Lithuania, and in some countries in the Southern Tier CEE, such as Bosnia-Herzegovina). However, with

[14] The conversion scales for both the human capital and economic performance indices are provided in *Appendix 1*.
[15] The HDI is not available for Bosnia-Herzegovina.
[16] Time permitting, observations over time of the human capital index will be calculated and substituted for the HDI values. The human capital index is arguably better tailored to the social conditions of the transition region, and hence is more sensitive to key changes over time across countries than is the HDI (which includes adult literacy rates, combined enrollment rates for all three levels of school, as well as life expectancy and GDP per capita). Similarly, the private sector share indicator will be replaced with observations over time of the economic performance index.

perhaps the exception of Serbia & Montenegro, the levels of human development or human capital that existed in the early 1990s have been restored and in most cases have been exceeded in recent years in the CEE countries.

Figures 25-28 show four Eurasian countries, and a somewhat contrasting pattern with that found in CEE. The salient difference is the degree to which human development has deteriorated in Eurasia. In particular, most Eurasian countries have yet to restore the level of human capital that was prevalent prior to the collapse of communism. Armenia and Belarus may be the key exceptions.

Table 10. Economic Performance and Human Capital in Central and Eastern Europe and Eurasia: 2002- 2004

	Economic Performance			Human Capital	
	Rating (1 to 5)	Ranking		Rating (1 to 5)	Ranking
Czech Republic	4.5	1	Slovenia	4.8	1
Estonia	4.3	2	Czech Republic	4.5	2
Hungary	4.3	2	Croatia	4.3	3
Slovakia	4.1	4	Hungary	4.3	3
Slovenia	4.1	4	Montenegro	3.9	5
Poland	3.9	6	Poland	3.9	5
Lithuania	3.9	6	Estonia	3.8	7
Latvia	3.5	8	Lithuania	3.8	7
Albania	3.4	9	Slovakia	3.6	9
Croatia	3.3	10	Belarus	3.6	9
Bulgaria	3.0	11	Latvia	3.5	11
Azerbaijan	2.9	12	Serbia	3.4	12
FYR Macedonia	2.9	12	FYR Macedonia	3.3	13
Romania	2.7	14	Bulgaria	3.2	14
Armenia	2.7	14	Russia	2.8	15
Kazakhstan	2.7	14	Romania	2.8	15
Bosnia-Herzegovina	2.4	17	Ukraine	2.8	15
Turkmenistan	2.4	17	Bosnia-Herzegovina	2.9	18
Montenegro	2.5	19	Moldova	2.4	19
Ukraine	2.3	20	Albania	2.3	20
Georgia	2.2	21	Armenia	2.1	21
Russia	2.2	21	Georgia	1.9	22
Belarus	2.1	23	Turkmenistan	1.9	22
Serbia	2.0	24	Kyrgyzstan	1.8	24
Kyrgyzstan	2.0	24	Uzbekistan	1.8	24
Uzbekistan	1.9	26	Kazakhstan	1.4	26
Moldova	1.7	27	Azerbaijan	1.3	27
Tajikistan	1.6	28	Tajikistan	1.0	28

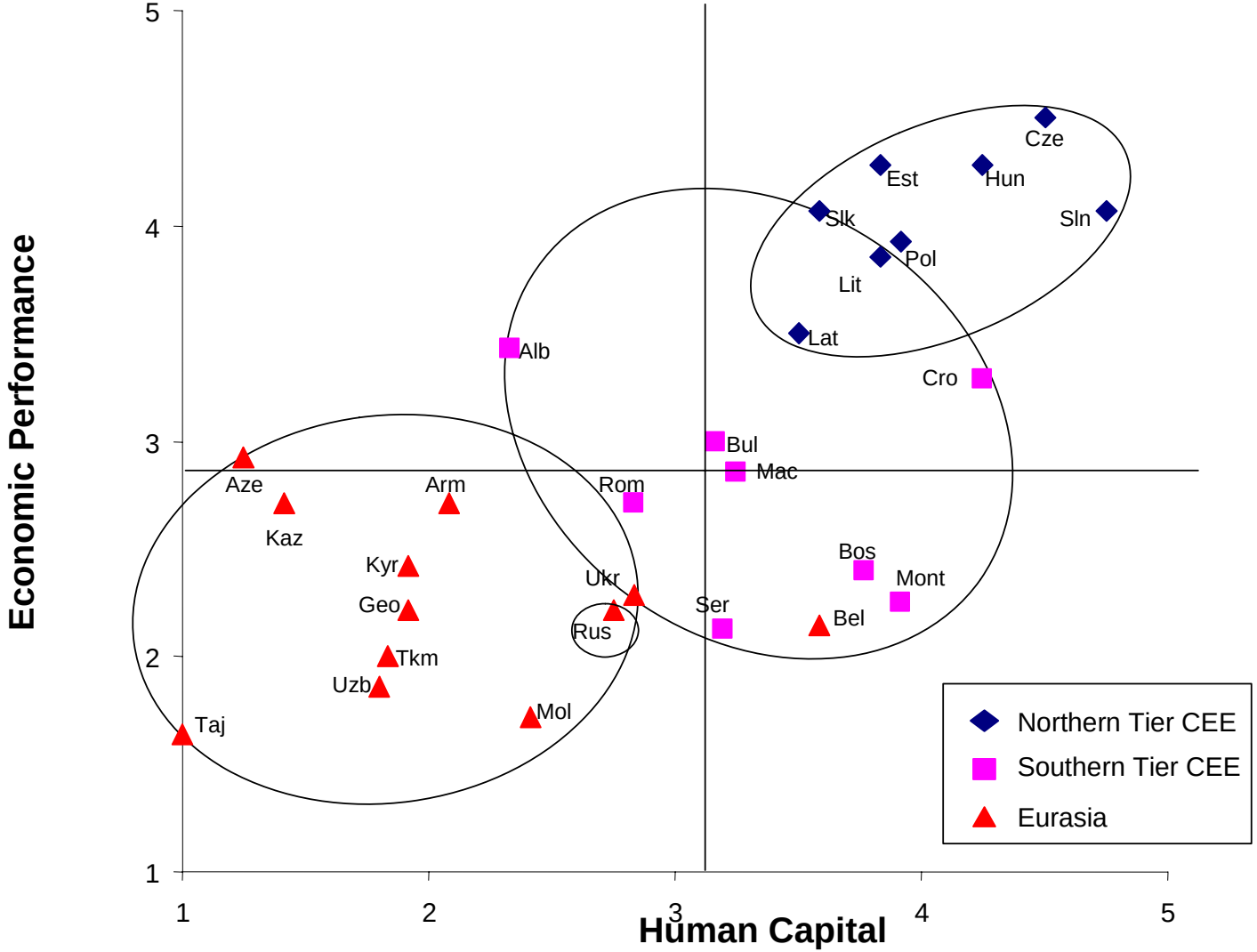
	Rating (1 to 5)		Rating (1 to 5)
CEE & Eurasia	2.9		3.0
Northern Tier CEE	4.1		4.0
Southern Tier CEE	2.8		3.1
Eurasia	2.2		2.1
European Union-15	4.7		4.7
Northern Tier CEE at Graduation	3.2		3.9
Romania & Bulgaria 2002	2.9		3.1

Ratings are based on a 1 to 5 scale, with 5 representing most advanced.

USAID, drawing from World Bank, *World Development Indicators 2004* (2004); UNICEF, *Social Monitor 2004*; EBRD, *Transition Report* (November 2004); Ayyagari, Beck, and Demirguc-Kunt, *Small and Medium Enterprises across the Globe: A New Database,* World Bank Policy Research Working Paper 3127, (August 2003).

Figure 20

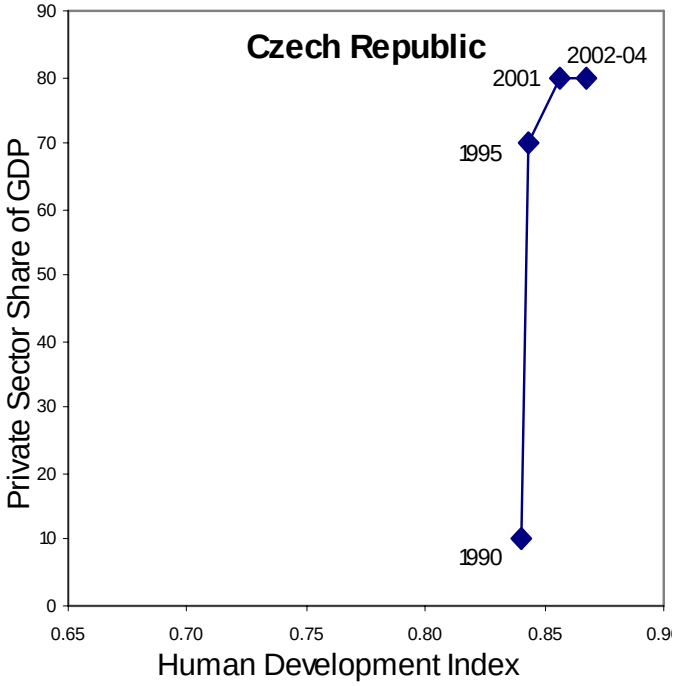
Economic Performance and Human Capital in 2002-2004

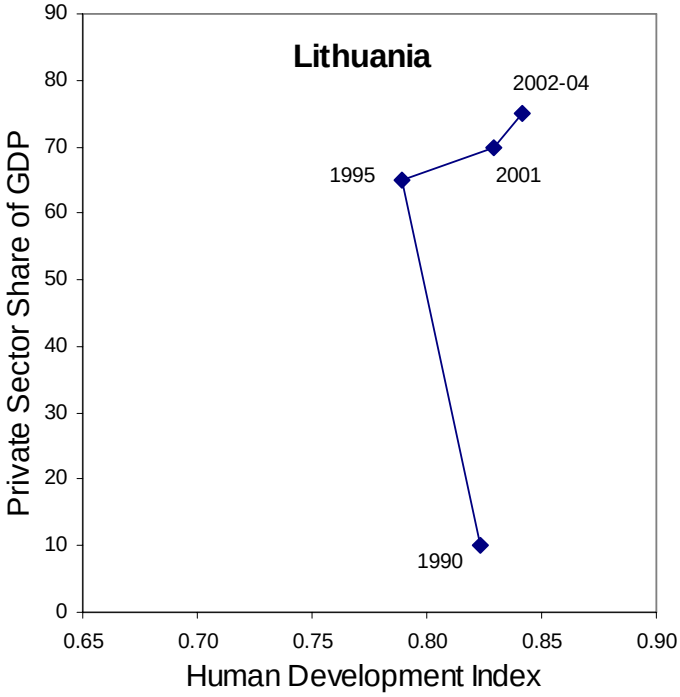


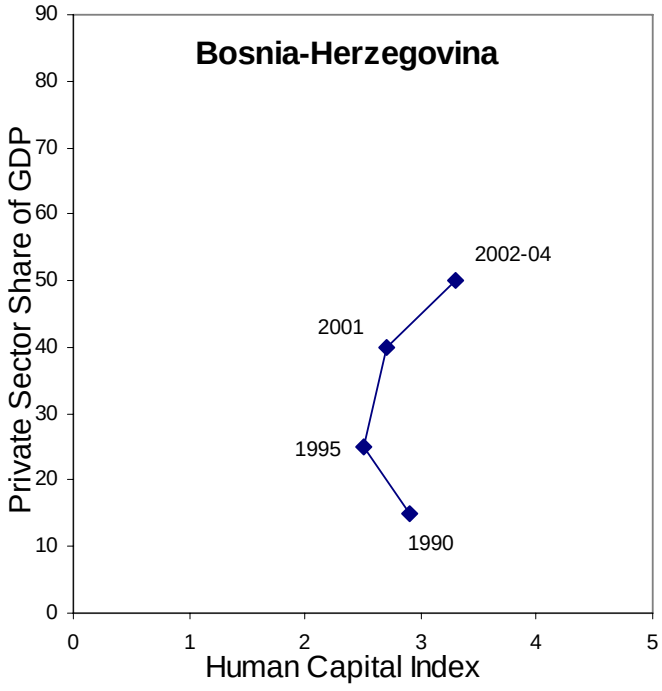
USAID, MCP#9 (2005) drawing from World Bank, *World Development Indicators 2004* (2004); UNICEF, *Social Monitor 2004* (2004); EBRD, *Transition Report* (November 2004); Ayyagari, Beck, and Demirguc-Kunt, *Small and Medium Enterprises across the Globe: A New Database*, World Bank Policy Research Working Paper 3127, (August 2003).

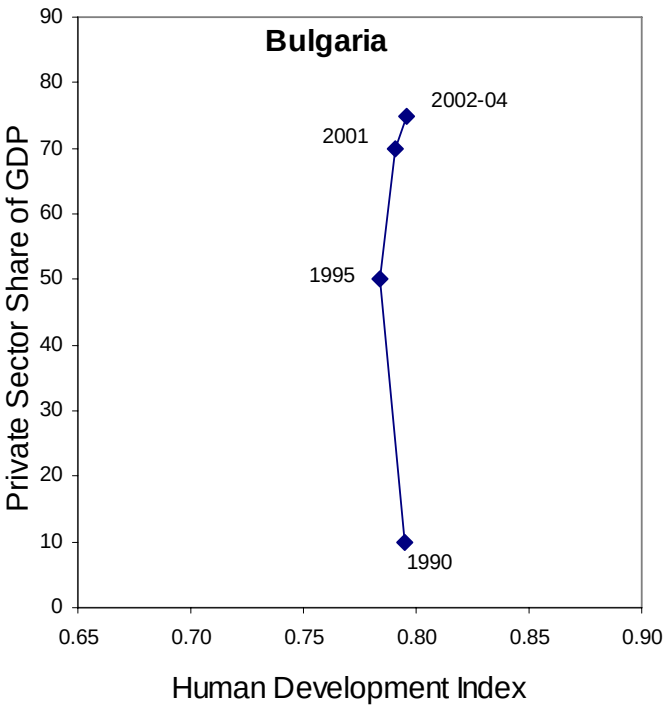
Figures 21-24

Economic Structure and Human Development





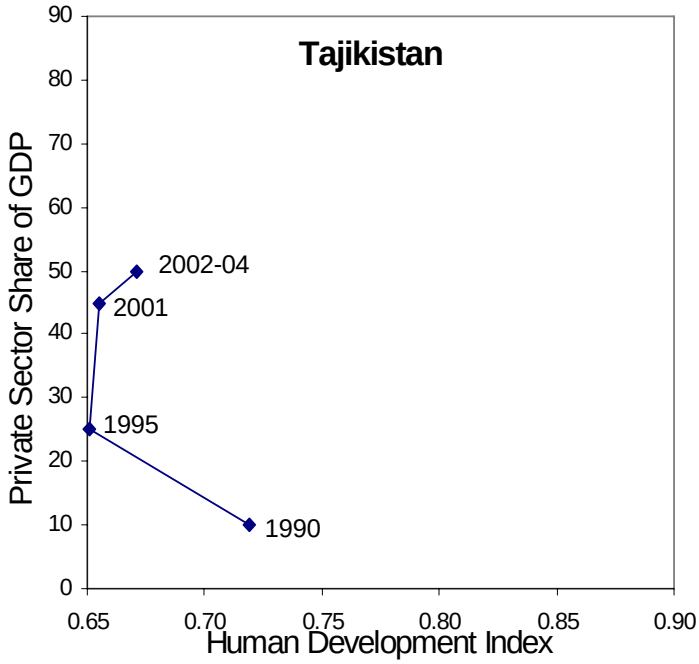


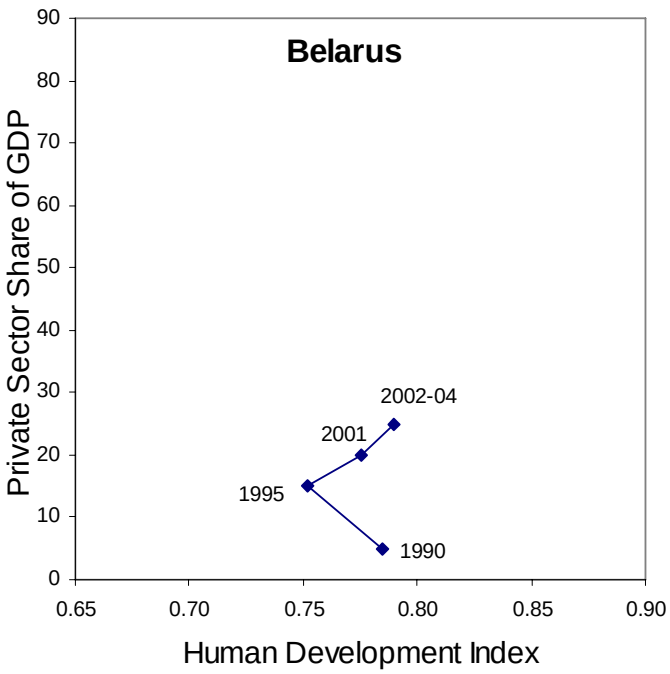


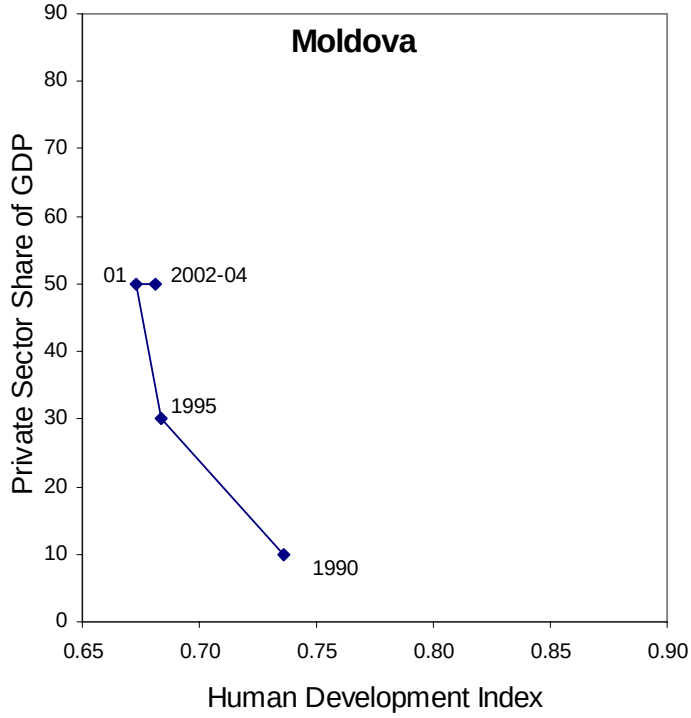
Ratings are based on a 1 to 5 scale, with 5 representing the most advanced. USAID, drawing from EBRD, *Transition Report 2004* (November 2004) ; UNDP, *Human Development Report* (2004); World Bank, *World Development Indicators 2004* (2004); and UNICEF, *Social Monitor 2004* (2004).

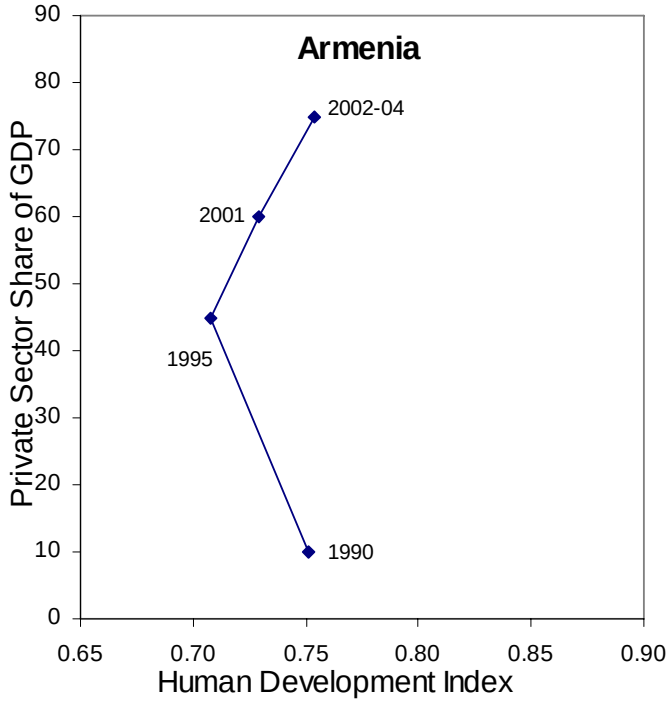
Figures 25-28

Economic Structure and Human Development









Ratings are based on a 1 to 5 scale, with 5 representing the most advanced. USAID, drawing from EBRD, *Transition Report 2004* (November 2004) & UNDP, *Human Development Report* (2004).

Human capital disaggregated: evidence of improving social conditions.

Available evidence suggests that the resumption of economic growth in the transition region has had, not surprisingly, some favorable effects on at least certain aspects of human capital. *Figure 29*, for example, shows a very close inverse relationship between the trend in economic output and poverty rates over time in Russia. With the collapse of output from 1991 to 1998 in Russia, poverty rates increased substantially; when economic growth resumed after the financial crisis, poverty rates fell dramatically. This pattern has emerged consistently in at least a handful of other transition countries where time series data on poverty are available (including Serbia-Montenegro, Romania, Moldova, and Kyrgyzstan).[17] Sometimes, though not in all cases, the decline in poverty rates has come with a lag after the resumption of economic growth.

Trends in real wages have varied widely across the transition countries (*Figure 30*). In rough terms, the cross-country real wage patterns mirror the GDP patterns (of *Figure 16*): the drop in real wages has been the greatest in Eurasia, and the smallest in the Northern Tier CEE. Moreover, as with GDP trends, real wages have bottomed out in all of the transition economies and have been increasing for some years now (since 1991-1993 in all but Hungary in the Northern Tier CEE; since 1996 in Bulgaria and 1998 in Romania; and since 1993-1999 in Eurasia).[18] This provides some evidence that some of the gains of economic growth are filtering down. Still, some of the drops in real wages (such as in Uzbekistan and Tajikistan as shown in *Figure 30*) have far exceeded even the substantial drops in economic output.

Infant mortality rates (IMRs) are lower today than at the outset of the transition in a large majority of transition countries (*Figure 31*). In the Northern Tier CEE countries, these rates have been almost halved since 1990: from 15 deaths per 1,000 live births in 1990 to 8 deaths in 2002. In the Southern Tier CEE, the drop has been from 21 deaths in 1990 to 16 deaths in 2002. In most of the CEE countries the drop has been fairly steady, suggesting that the trend will continue. In only two CEE countries is the 2002 IMR not lower than 1990 rates: in Latvia (which had 16 deaths in 1990, 19 deaths in 1995, and 17 deaths in 2000 and 2002) and in Bulgaria (which had 14 deaths in 1990, 16 deaths in 1995, 15 deaths in 2000, and 14 deaths in 2002).

While infant mortality rates are much higher in some of the poorer Eurasian countries, the trend of declining IMRs generally holds in Eurasia as well as in CEE. Nine of the twelve Eurasian countries had lower IMRs in 2002 as compared to 1990. The exceptions are Armenia (26 deaths in 1990, 25 deaths in 1995 and 2000, and 30 deaths in 2002), Uzbekistan (55 deaths in 1990, 56 deaths in 1995, and 55 in 2000 and 2002), and, most strikingly, Kazakhstan (41 deaths in 1990, 52 in 1995, 71 in 2000, and 76 in 2002). These measures in Eurasia have been subject to substantial revisions in the past several years, as the methodologies have improved (and consistencies have increased).

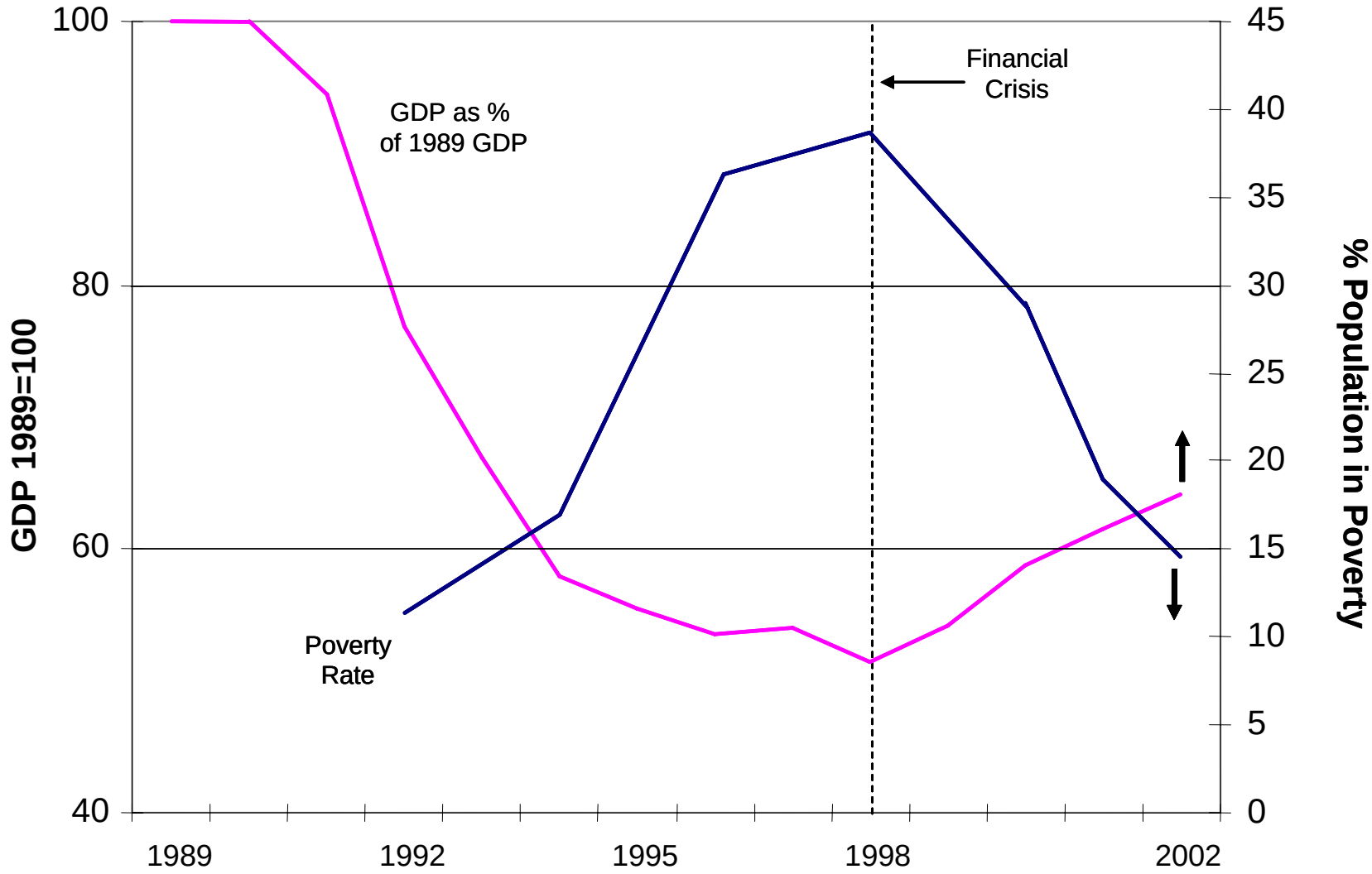
[17] From MCP country presentations, available upon request.
[18] Complete time series data on real wages are not available (from UNICEF, *Social Monitor 2004*) in many of the Southern Tier CEE countries.

Of the three levels of education, enrollments in secondary school have generally been the most adversely affected in the transition region in the 1990s. *Figure 32* shows the range of changes in secondary school enrollments across the transition countries during the transition. As with other social indicators, the deterioration in secondary school enrollments has been greatest in Eurasia. In 2002, secondary school enrollment rates were 89% in the Northern Tier CEE, 71% in the Southern Tier CEE, and only 51% in Eurasia (*Table 8*). For most countries, these enrollment trends appear to have reached a minimum in earlier years. For all the CEE countries for which data are available (except Croatia), secondary school enrollment rates have been rising since at least 1995.[19] Eurasian trends are much more mixed. At least one half of the Eurasian countries have been experiencing a rise in secondary school enrollments in recent years. However, in the case of six countries, the trends in recent years are ambiguous as to whether enrollments have bottomed out (in the case of Moldova, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan).

[19] Sufficient time series data are not available (from UNICEF, *Social Monitor 2004*) for Bosnia-Herzegovina and Serbia & Montenegro. As shown in the data of *Figure 32*, Croatia's secondary school enrollment rates in 2002 are higher than in the early 1990s, though they have presumably been falling since 1996; a very unusual pattern which may suggest unreliable data.

Figure 29

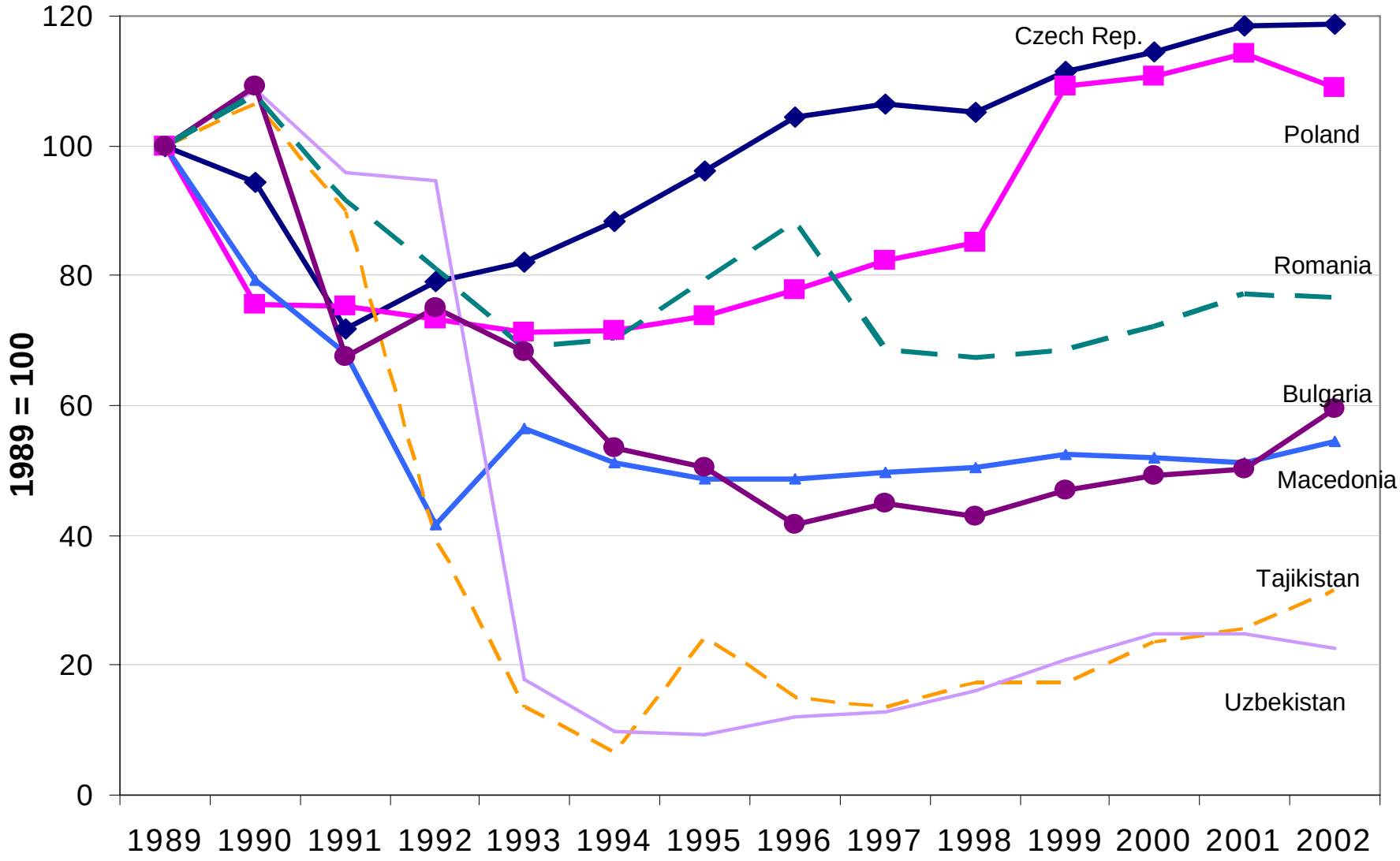
Economic Growth and Poverty in Russia



B. Popkin, *Monitoring Economic Conditions in the Russian Federation: The Russia Longitudinal Monitoring Survey 1992-2002* (April 2003); IMF, *World Economic Outlook* (April 2003), and EBRD, *Transition Report 2002* (November 2002).

Figure 30

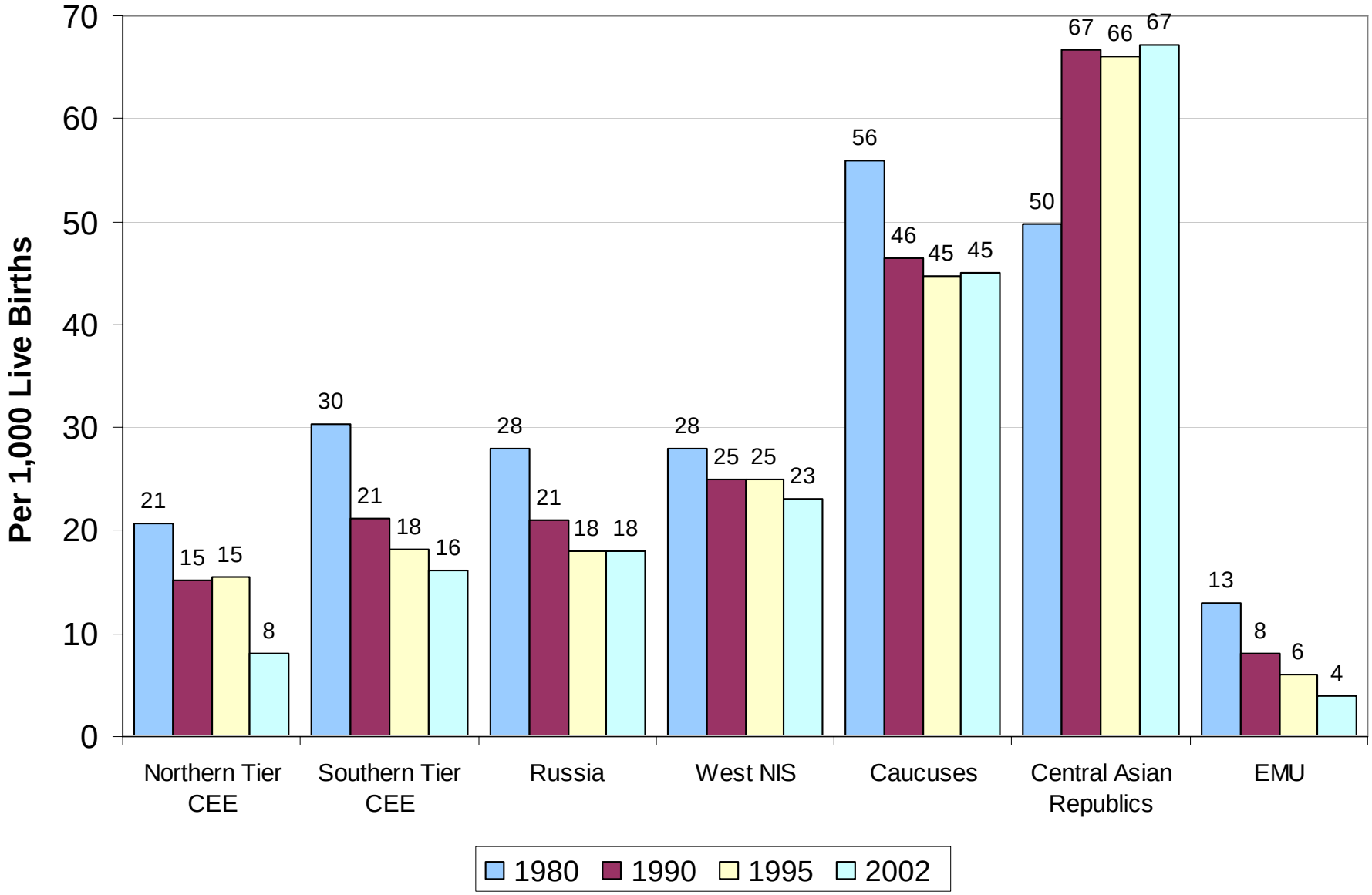
Real Wages as % of 1989 Wages



UNICEF, *Social Monitor 2004* (2004).

Figure 31

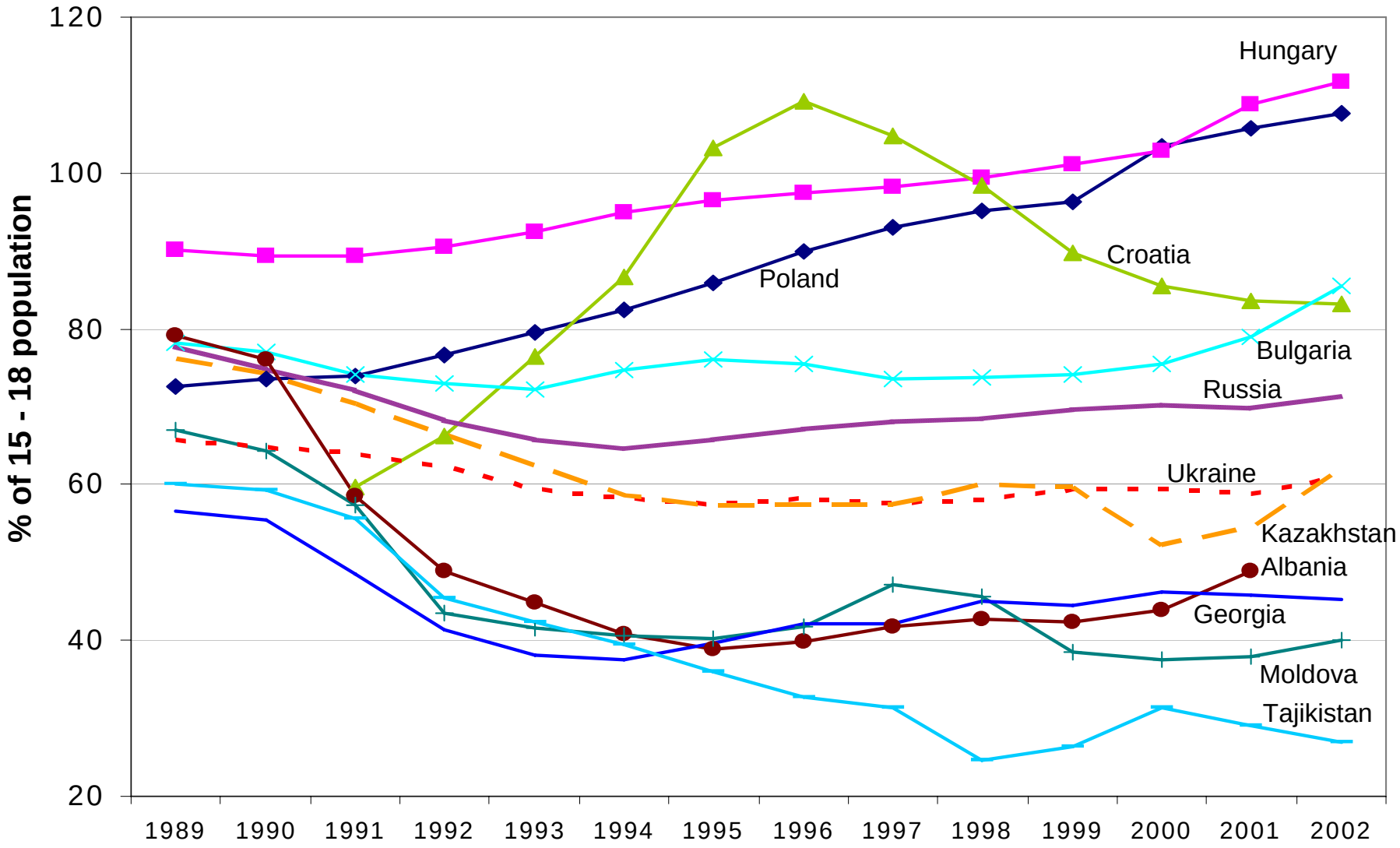
Infant Mortality Rates



World Bank, *World Development Indicators 2004* (April 2004). West NIS consists of Belarus, Moldova, and Ukraine.

Figure 32

Secondary School Enrollment



Gross rates; general secondary plus vocational/technical secondary combined. UNICEF, *Social Monitor* (2004).

Human capital disaggregated: evidence of a growing health gap

Despite largely favorable macroeconomic trends across the three transition sub-regions, and a turnaround in many of social conditions in most countries (as noted above), there are not yet signs of improvement in some key health trends in much of Eurasia in particular. Perhaps the most basic health indicator, and the most alarming, is life expectancy. *Figure 33* shows the trends over time by the three sub-regions in life expectancy, and highlights what appears to be a growing health gap between CEE and Eurasia. After an initial and slight decline in life expectancy in the CEE countries, life expectancy has been increasing, since 1994-1995. In contrast, life expectancy in Eurasia fell much more drastically early on in the transition to 1994, recovered some through 1998 and since then, has fallen more to a new low.

Nine of twelve Eurasian countries had life expectancies lower in 2002 than in 1989 (the three exceptions were Turkmenistan, where life expectancy was 65 years in 1989 and in 2002; Armenia, where it increased from 72 to 75; in Georgia from 72 to 73). Twelve of thirteen CEE countries had life expectancies higher in 2002 than in 1989 (the exception was Romania where life expectancy was 70 years in 1989 and 70 years in 2002).

Figure 34 shows estimates on the causes of death in 2000 in transition region overall vs. the EU-15 countries. It may also provide some initial insights into the widening gap in life expectancies. Causes of death can be grouped into three broad categories: communicable diseases (or infectious diseases), non-communicable diseases (or "lifestyle" diseases) and non-medical factors (accidents, suicides, homicides, war, and natural disasters).

Infectious diseases, according to WHO estimates (of *Figure 34*), remain a relatively insignificant factor in deaths overall in the transition region. In 2000, it is estimated that only 1.2% of deaths were attributable to TB and HIV, and 5.2% attributable to a wider definition of infectious diseases. The proportion of deaths due to HIV and TB in the EU-15 is estimated to be smaller still (0.3%), though the percent of deaths due to the broader definition of infectious diseases in the EU-15 was somewhat higher: 7.3%.

Nevertheless, the rate of increase in the incidences of HIV and TB in some countries in the transition region is very high. *Figure 35* shows this in the case of adult HIV prevalence rates. Compared to only a slight increase in the percent of the population with HIV in EU-15 from 1997 to 2003, increases in Ukraine, Estonia, Russia, and Latvia, in particular have been very large.

The increase in the incidences of tuberculosis in the transition region is more widespread (*Figure 36*). Again, however, a growing CEE-Eurasia gap is prevalent. According to UNICEF, all nine of the transition countries which witnessed a decrease in TB incidences from 1989 to 2002 are CEE countries; all the countries of the former Soviet Union (i.e. the Eurasian countries plus the Baltics), as well as Bulgaria and Romania have witnessed an increase in TB. TB incidence is highest and has increased the most in Kazakhstan (from 74 new cases per 100,000 population in 1989 to 165 new cases in 2002),

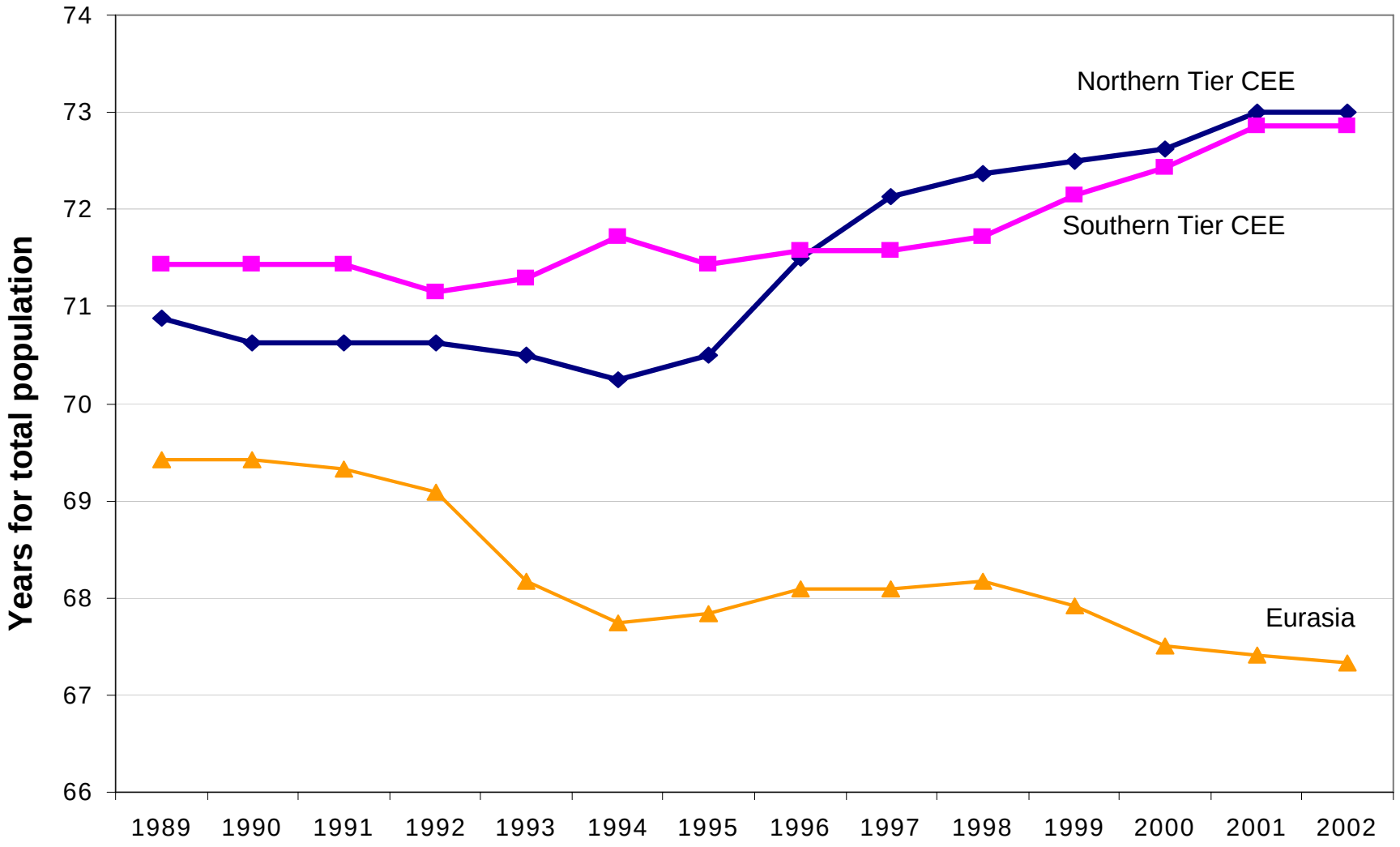
Kyrgyzstan (from 50 cases in 1989 to 127 cases in 2002), Romania (58 in 1989 to 122 in 2002), Georgia (28 in 1989 to 97 in 2002), followed by Russia (38 in 1989 to 86 in 2002).

The lion's share of deaths, according to WHO's calculations in *Figure 34*, have been "lifestyle" diseases in the transition region, mostly due to (poor) diet and (lack of) exercise, and (excess) smoking and alcohol. Of the transition region, countries of the northern Former Soviet Union (N.FSU) had the highest proportion of deaths attributed to lifestyle diseases in 2000: 57% (adding considerations of poor diet, lack of exercise, stress, and smoking and alcohol). This compares to 40% in the EU-15. "Non-medical" deaths are also relatively high in the N.FSU. These deaths include suicides and homicides, and perhaps can also be indirectly tied to lifestyle issues.

Figure 38 disaggregates life expectancy by gender in a handful of transition countries. In some of the countries of the N.FSU (including Russia, Belarus, and Ukraine), the life expectancy gender gap (i.e., the number of years that females out live males) is among the highest worldwide. This gender disparity supports the anecdotal observations that the majority of poor lifestyle choices in parts of the transition countries are made by males. *Figure 39* provides further support. Cigarette smoking is high in Western Europe for both males and females. In many transition countries, however, it is higher still among males, though low among females, relative to males in the region and relative to females in Western Europe. Overall, 45% of males in transition countries smoke, yet only 16% of females smoke.

Figure 33

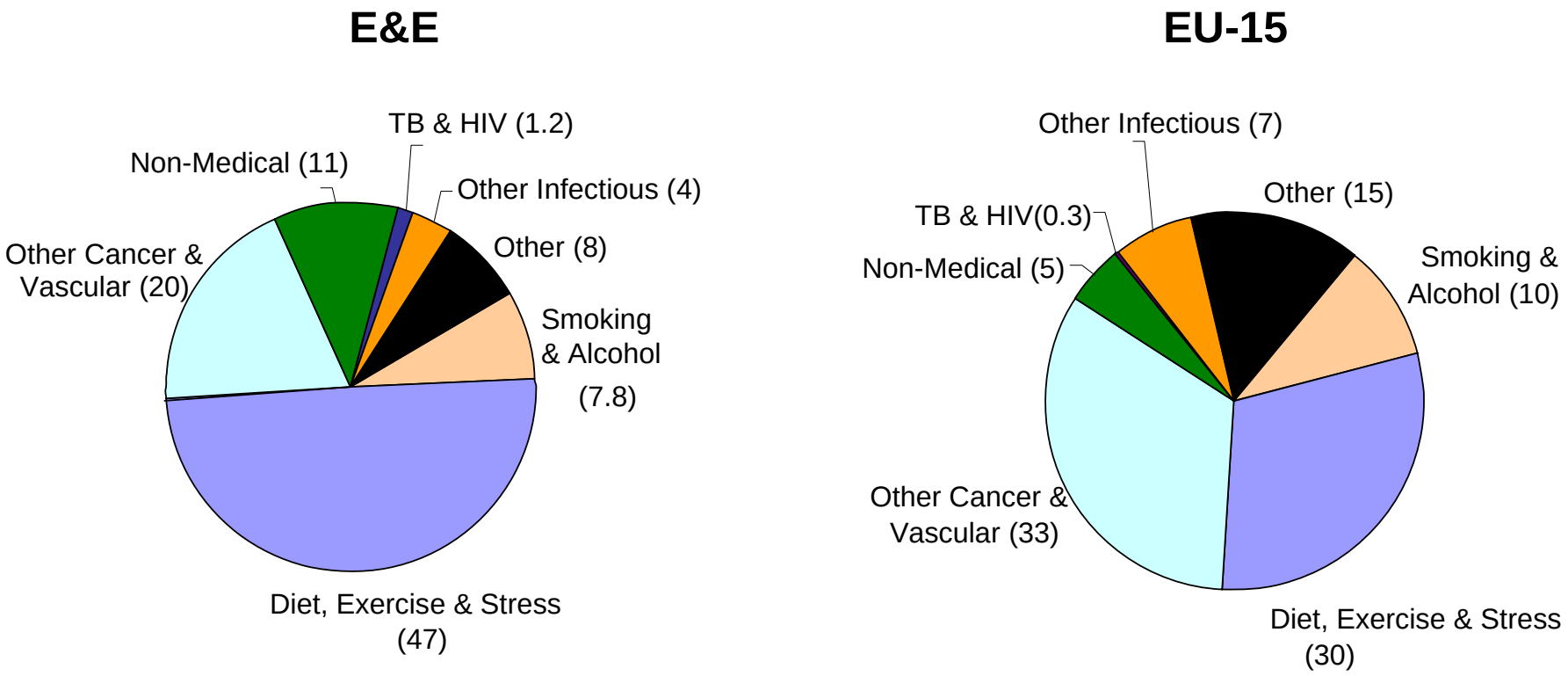
Life Expectancy at Birth



World Bank, *World Development Indicators 2004* (April 2004).

Figure 34

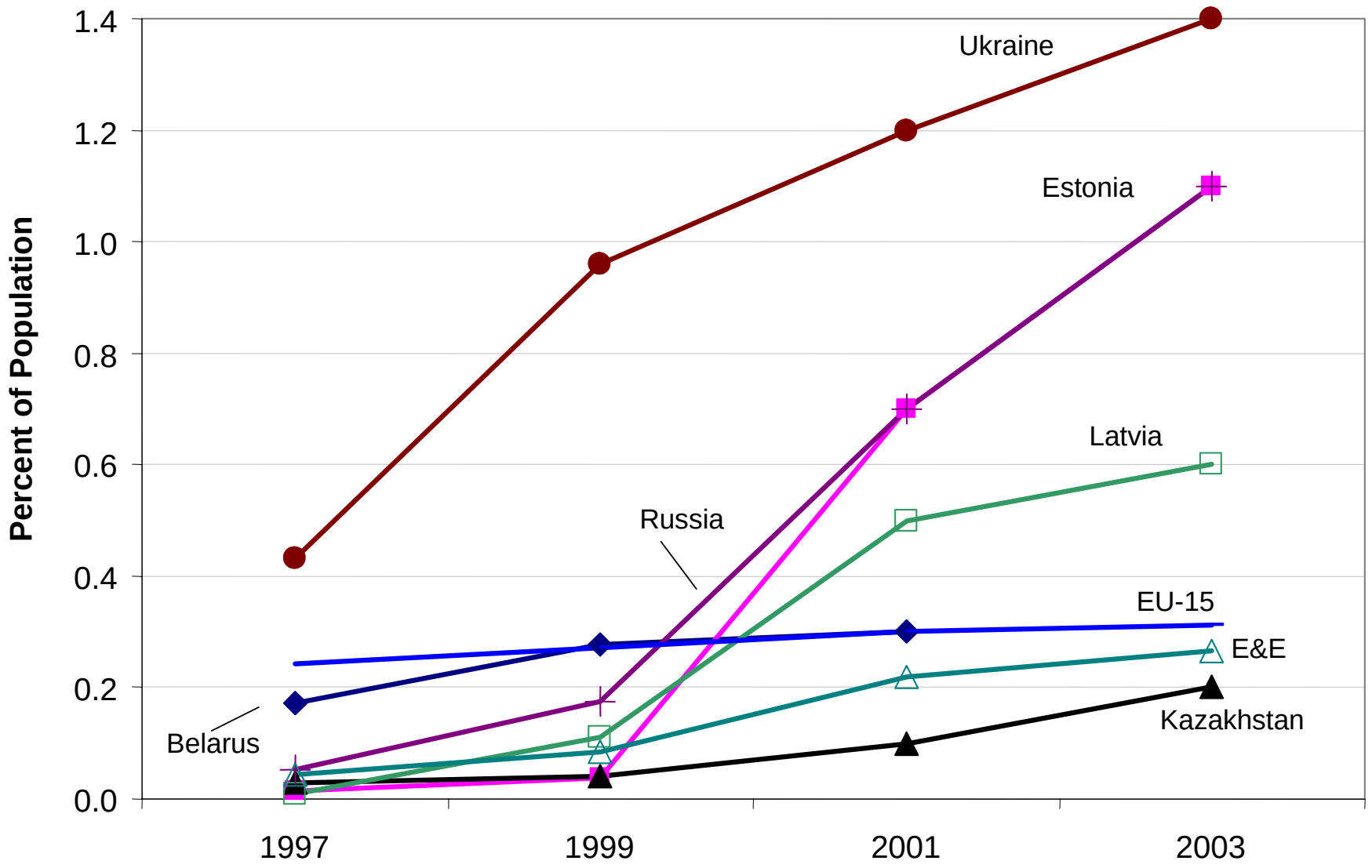
Causes of Death in 2000 (%)



WHO, *Mortality Database* (2004). Diet/exercise/stress deaths include coronary heart disease, stroke, hypertension, and diabetes. (Studies in the New England Journal of Medicine estimate that up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors, and about one-third of cancers could also be prevented by eating healthily, maintaining normal weight, and exercising throughout the life span.) Non-medical causes include accidents, suicides, homicides and disaster. Alcohol deaths include cirrhosis. Smoking deaths include lung cancer and emphysema/COPD. Other Infectious are infectious and parasitic diseases other than TB and HIV. Other Cancer and Vascular includes cancers other than lung cancer, and cardiovascular disease other than coronary heart disease, stroke and hypertension.

Figure 35

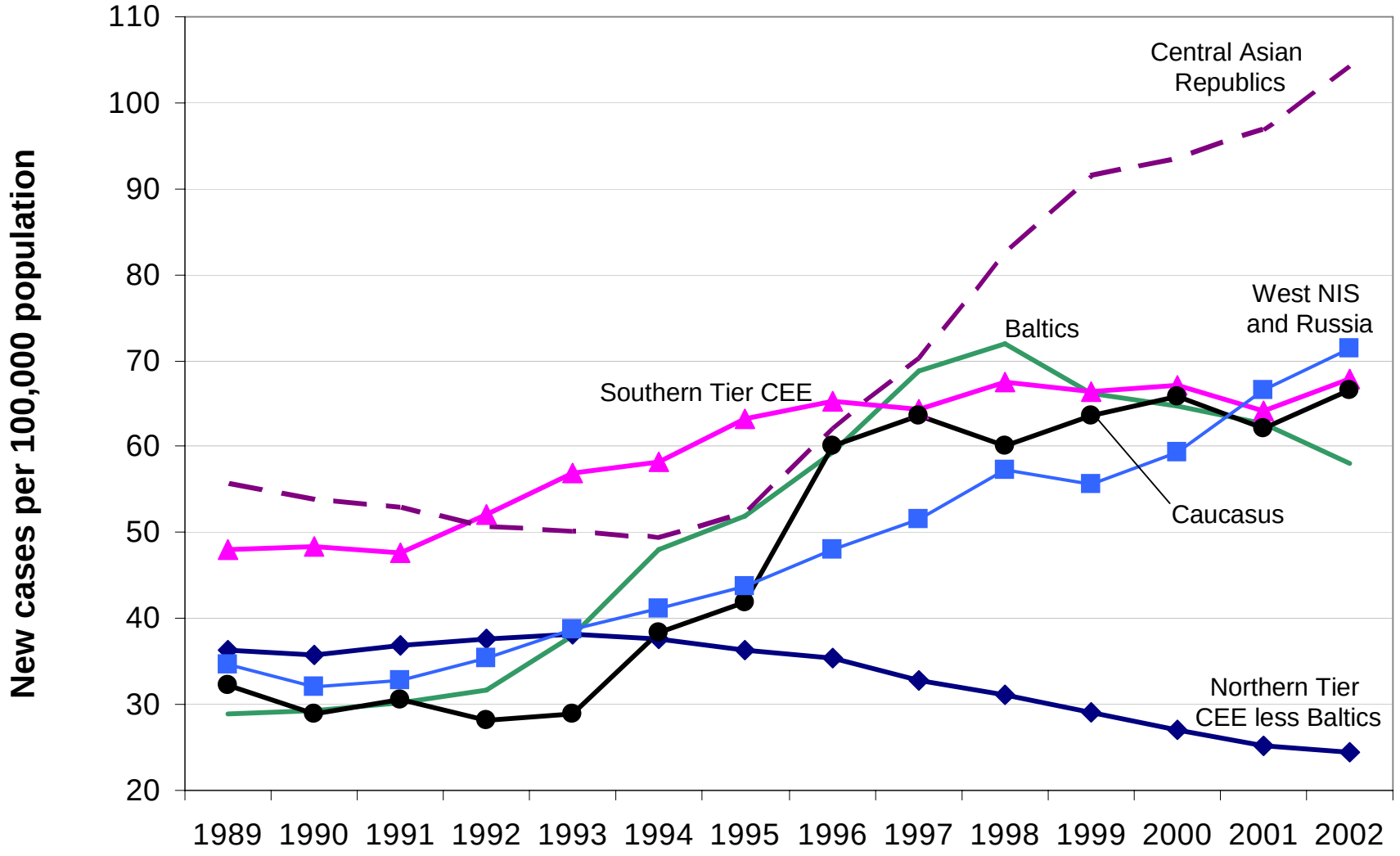
Adult HIV Prevalence Rate (15-49 yrs) in E&E



UNAIDS, *Global Report on the HIV/AIDS Epidemic* (2004).

Figure 36

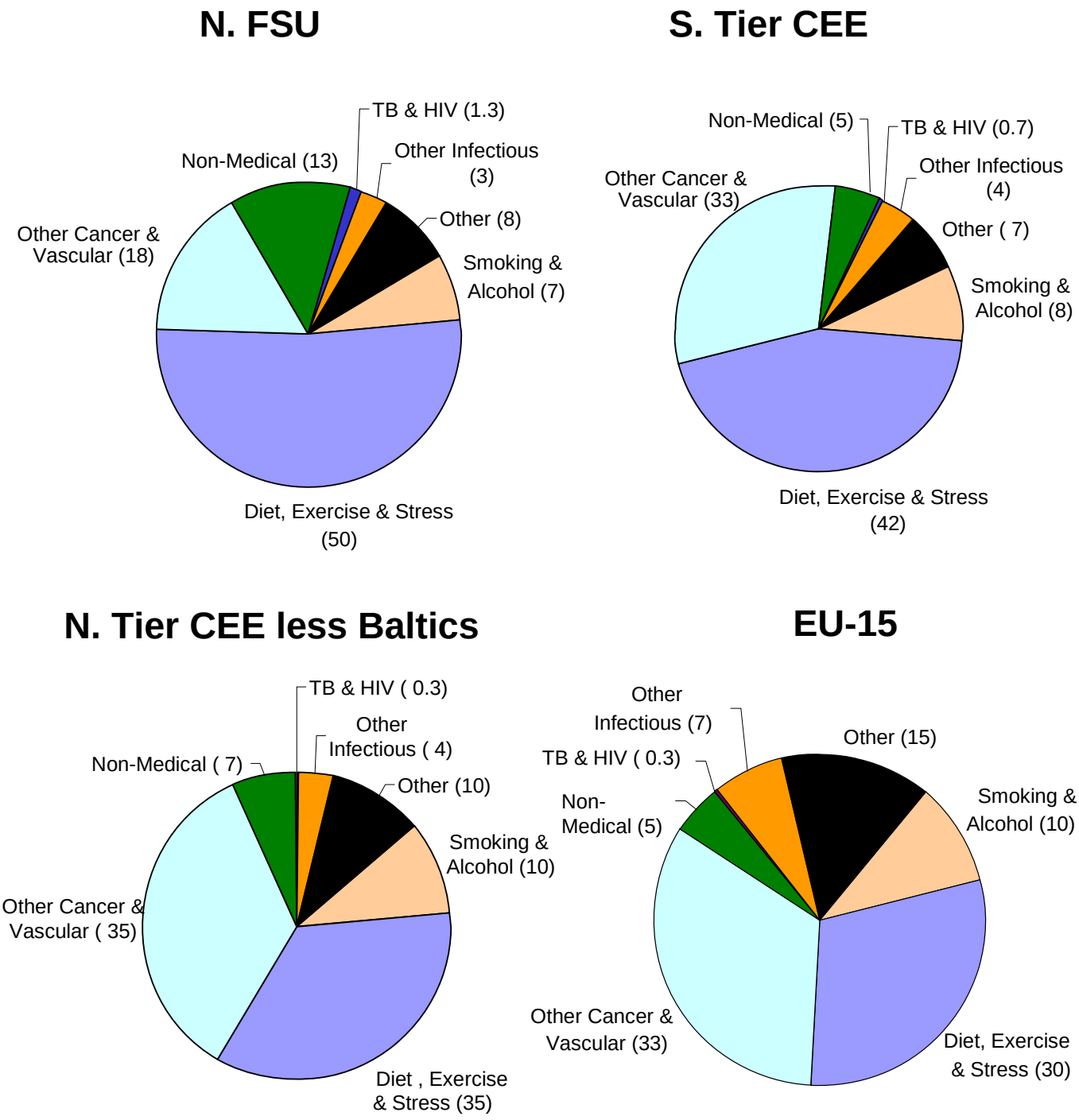
Tuberculosis Incidence



UNICEF, *Social Monitor 2004* (2004). Bosnia-Herzegovina is not included in the Southern Tier CEE average. Missing data were estimated by interpolation. 2001 trends are from World Health Organization, *Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2004* (2004). The EU average is 12 new cases per 100,000 population.

Figure 37

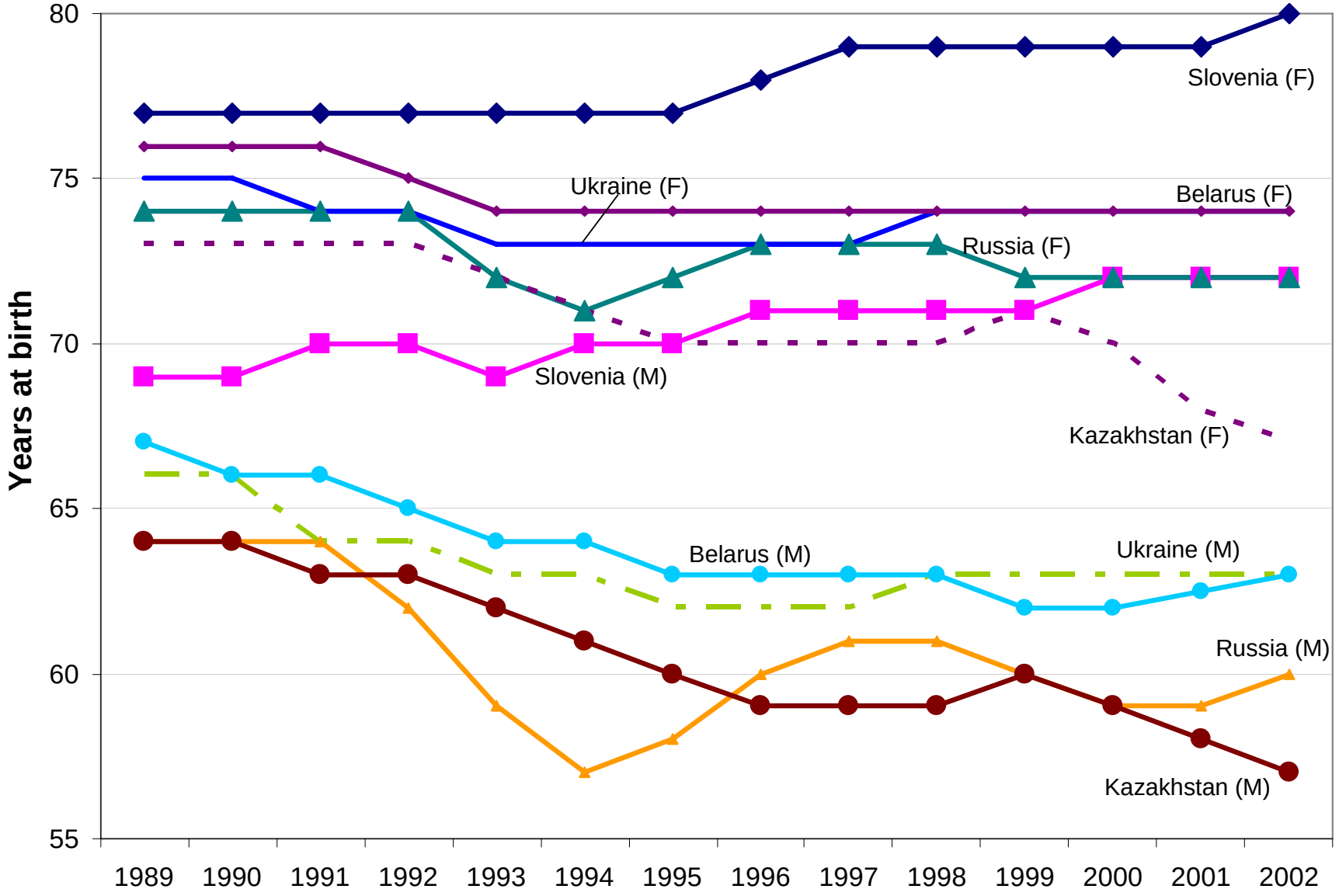
Causes of Death in 2000 (%)



WHO, *Mortality Database* (2004). Diet/exercise/stress deaths include coronary heart disease, stroke, hypertension, and diabetes. (Studies in the New England Journal of Medicine estimate that up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors, and about one-third of cancers could also be prevented by eating healthily, maintaining normal weight, and exercising throughout the life span.) Non-medical causes include accidents, suicides, homicides and disaster. Alcohol deaths include cirrhosis. Smoking deaths include lung cancer and emphysema/COPD. Other Infectious are infectious and parasitic diseases other than TB and HIV. Other Cancer and Vascular includes cancers other than lung cancer, and cardiovascular disease other than coronary heart disease, stroke and hypertension.

Figure 38

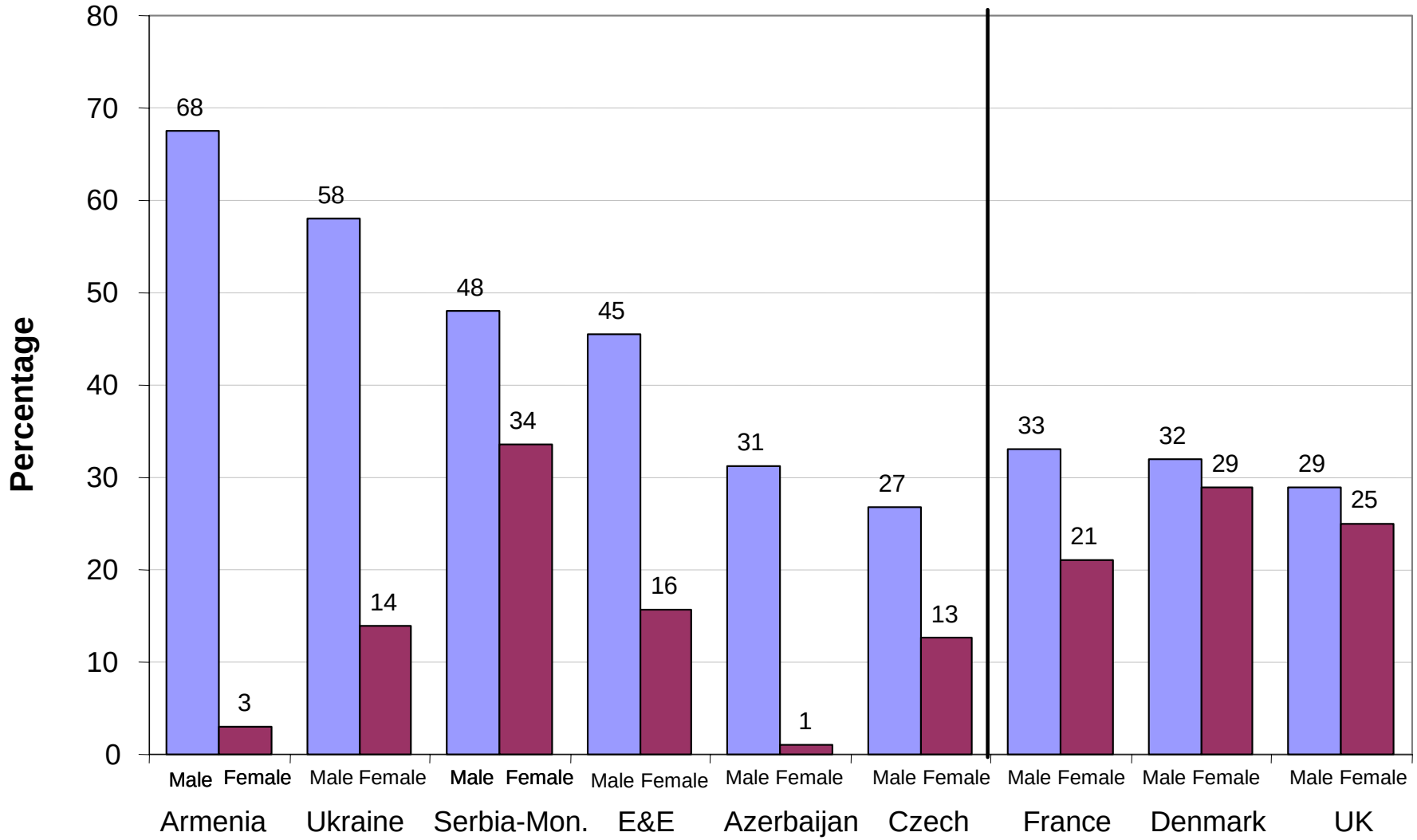
Male and Female Life Expectancy



World Bank, *World Development Indicators 2004* (April 2004). Missing data were estimated by interpolation.

Figure 39

Smoking Prevalence in Adults in 1999-01



World Health Organization; *Tobacco Control Database 2004.* E&E is a sample of 19 countries.